|   |  |   |                                   |                                |                           |                                    |                 | Application or Docket Number |                   |                 |                     |                        |  |
|---|--|---|-----------------------------------|--------------------------------|---------------------------|------------------------------------|-----------------|------------------------------|-------------------|-----------------|---------------------|------------------------|--|
|   | PATENT A                                       | APPLICATIO<br>Effeç                         | N FEE D<br>tive Octob             |                                |                           | ON RECOF                           | RD              | 10-                          | 8                 | 11              | 910                 | )                      |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                |  |   |                                   |                                |                           |                                    | SMALL<br>TYPE   | ENTIT                        |                   | OR              | OTHER<br>SMALL E    |                        |  |
| TOTAL CLAIMS  |  |   | ·                                 |                                |                           |                                    | RATE            | F                            | EE                | [               | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED NUMBE                |                                |                           | ER EXTRA                           | BASIC           | EE 38                        | 5.00              | OR              | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                       |  |   | minus 20=                         |                                |                           |                                    | XS 9            | _                            |                   | OR              | XS18=               |                        |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 =                         |                                |                           |                                    |                 |                              |                   |                 |                     |                        |  |
|   |  | NDENT: CLAIM PI                             | :                                 |                                |                           | . —                                | X43:            | -                            |                   | OR              | X86=                | _                      |  |
| -   | Jenn de Der er                                 |   | ILOCIVI                           |                                |                           |                                    | +145            | =                            |                   | OR              | +290=               |                        |  |
| • If  | the difference                                 | in column 1 is                              | less than z                       | ero, enter                     | 0" in c                   | column 2                           | TOTA            | L.                           |                   | OR.             | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |   |                                   |                                |                           |                                    | 31Al            | L ENTI                       | ITY :             | OR              | OTHER<br>SMALL E    |                        |  |
| AMENDMENT   | 10/28/04                                       | CLAIMS REMAINING AFTER AMENDMENT            |                                   | HIGH<br>NUME<br>PREVIO         | EST<br>BER<br>BUSLY       | PRESENT<br>EXTRA                   | RATE            | TIO                          | DI-<br>NAL<br>EE  |                 | RATE                | ADS<br>TIONAL<br>7FEE  |  |
|   | Total  | . 6)  | Minus                             |                                | 1)                        | G )=                               | X\$ 9           | =                            |                   | OR              | XS18 <i>=</i> ⁄     | 180                    |  |
|   | Independent                                    | . 10  | Minus                             | ***                            | 3                         | 7                                  | X43=            |                              |                   | OR              | X88=                | 616                    |  |
|   | FIRST PRESE                                    | NTATION OF MI                               | JLTIPLE DE                        | PENDENT                        | CLAIM                     |                                    |                 |                              |                   | OH              |                     | W C F                  |  |
|   |  |   |                                   |                                |                           |                                    | +145            | l                            |                   | OR              | +290=               |                        |  |
|   |  |   |                                   |                                |                           |                                    | TOT<br>ADDIT. F |                              |                   | OR              | TOTAL<br>ADDIT. FEE | 196                    |  |
|   | <del> </del>                                   | (Column 1)                                  |                                   | (Colur                         |                           | (Column 3)                         |                 |                              | ·                 | 1               |                     |                        |  |
| AMENDMENT B   | ~  | CLAIMS<br>REMAINING<br>AFTER.<br>AMENDMENT  |                                   | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY              | PRESENT<br>EXTRA                   | RATI            | TIO                          | DDI-<br>NAL<br>EE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | * .   | Minus                             | **                             |                           | -                                  | X\$ 9           | =                            | ,                 | OR              | X\$18=              |                        |  |
|   | Inaependent                                    | *   | Minus                             | ***                            |                           | =                                  | X43:            |                              |                   | OR              | X86=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |                                |                           |                                    | -               |                              |                   | •               |                     | \<br>                  |  |
|   |  |   |                                   |                                |                           |                                    | +145            |                              |                   | OR              | +290=<br>TOTAL      |                        |  |
|   |  |   |                                   |                                |                           |                                    | TO<br>ADDIT. F  |                              |                   | OR              | ADDIT. FEE          | L                      |  |
|   |  | (Column 1)                                  |                                   | (Colur                         |                           | (Column 3)                         |                 |                              |                   |                 |                     |                        |  |
| AMENDMENT C   | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                   | HIGH<br>NUM<br>PREVIO<br>PAID  | BÉR<br>DUSLY              | PRESENT<br>EXTRA                   | RATI            | E TIO                        | DDI-<br>NAL<br>EE | -               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                             | **                             |                           | =                                  | X\$ 9           | =                            |                   | OR              | X\$18=              |                        |  |
|   | Independent .                                  | * .   | Minus                             | ***                            |                           | =                                  | X43:            | _                            |                   |                 | X86=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |                                |                           |                                    | //J.            |                              |                   | OR              | <u> </u>            | <del> </del>           |  |
|   |  |   |                                   |                                |                           |                                    | +145            | =                            |                   | OR              | +290=               |                        |  |
| **  | f the "Highest Nu                              | mn 1 is less than the<br>mber Previously Pa | uid For" IN TH                    | IS SPACE is                    | s less tha                | n 20, enter "20,"                  | TOT<br>ADDIT. F |                              |                   | OR <sup>.</sup> | TOTAL<br>ADDIT FEE  |                        |  |
| ***   | It the "Highest Nu<br>The "Highest Nuπ         | mber Previously Pa<br>ber Previously Pai    | aid For" IN TH<br>d For" (Total o | IIS SPACE I<br>or Independe    | s less tha<br>ent) is the | an 3, enter 3.<br>e highest number | found in the    | appropri                     | iate box          | in co           | lumn 1.             | /                      |  |